

STATEMENT OF PATIENT RELEASING HOSPITAL FROM LIABILITY
UPON LEAVING HOSPITAL AGAINST MEDICAL ADVICE

1. This is to CERTIFY that I am leaving _____ (Name of Med Treatment Facility) at my own insistence and against the advice of the hospital authorities and my attending physician(s).
2. I have been advised of the dangers involved in leaving the hospital at this time.
3. I hereby release the hospital, its staff and the Federal Government of all responsibility for any ill effects brought about by my failure to remain in the hospital.

(Signature of Patient)_____
(Signature of Witness)_____
(Date and Time)STATEMENT OF REPRESENTATIVE OF PATIENT RELEASING HOSPITAL FROM LIABILITY
UPON LEAVING HOSPITAL AGAINST MEDICAL ADVICE

1. This is to CERTIFY that I _____ (Name), _____ (Relationship to Patient) of _____ (Name of Patient) insist that he/she be discharged from _____ (Name of Med Treatment Facility) without the authorization of the patient's attending physician(s).
2. I have been informed of the dangers to the patient in his/her leaving the hospital at this time, including the possibility that it may worsen or aggravate the patient's condition.
3. I hereby release the hospital, its staff and the Federal Government of all responsibility for any ill effects brought about by _____ (Name of Patient) leaving the hospital against medical advice.

(Signature of Representative)_____
(Signature of Witness)_____
(Date and Time)

PATIENT IDENTIFICATION

REGISTER NUMBER

WARD NUMBER